

LOCAL BANKRUPTCY FORM 2016-2(b)**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA****IN RE:** Matthew Christian Wetzel**CHAPTER 13****Debtor(s)** **CASE NO.** 24-01201**APPLICATION OF ATTORNEY FOR CHAPTER 13 DEBTOR
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES**

(Name of applicant) Gail L. Hills applies for approval of compensation as Chapter 13 Debtor(s)' counsel and for reimbursement of expenses pursuant to 11 U.S.C. § 330 as follows:

1. Applicant is counsel for Debtor(s)
2. Debtor(s) filed a petition for bankruptcy relief on 5/13/2024 (date).
3. Applicant previously filed a Disclosure of Compensation of Attorney for Debtor(s) pursuant to Fed. R. Bankr. P. 2016(b), which is attached as Exhibit "A" to this Application.
4. This Application is Final (state whether an interim or final application).
5. (Check all applicable items)
 - a. Debtor(s)' Chapter 13 Plan was confirmed on (date).
 - b. The order approving the last post-confirmation modification on Debtor(s)' confirmed Chapter 13 plan was entered on (date).
 - c. Debtor(s) have not confirmed a Plan.
6. The dates and amounts of previous compensation paid are:
 - a. as a retainer 12/15/2023 \$500 (list dates and amounts);
N/A
 - b. paid by the Chapter 13 Trustee through a confirmed Plan (list dates and amounts);
N/A
 - c. other N/A
(describe source, amount and date paid).
7. Compensation previously approved by the Court following the filing of an interim Application are: (dates and amounts) N/A

8. If Applicant has not agreed with Debtor(s) to accept the Presumptively Reasonable Fee (“PRF”), or is filing a supplemental fee application, Applicant requests compensation in the amount of \$ _____ and reimbursement of expenses in the amount of \$ _____ for the period of _____ to _____. A chronological listing of services performed and itemization of expenses for which reimbursement is requested for this time is attached as Exhibit “B” to this Application.
9. Legal services were performed by all professionals at the hourly rates set forth at the beginning of the chronological listing of services provided on Exhibit “B.”
10. (Check one)
 Debtor(s) have reviewed this Application prior to its filing and have approved the requested amounts.
 Debtor(s) have reviewed this Application prior to its filing and have not approved the requested amounts.
 Debtor(s) have not reviewed this Application prior to its filing.
 Debtor(s) have not approved the requested amounts.
11. Objections are pending to the following prior fee applications: (*list date application was filed and name of objector, if no objections pending state “none”*). N/A

WHEREFORE, your Applicant respectfully requests this Honorable Court to approve the requested compensation in the amount of \$ 792.68 _____ and reimbursement of expenses in the amount of \$ 88.00 _____ pursuant to 11 U.S.C. § 330, and if this is a Final Fee Application, to determine that all prior interim orders are final.

Dated: 10/7/2024



Applicant's Signature